10/014, 120

Application or Docket Number

HS 107477. 8/400627550

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

			L_									
		CLAIMS AS	FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
το	TAL CHARGEA	BLE CLAIMS	40 minus 20=		• 20			X\$ 9=		OR	X\$18=	360,0
INDEPENDENT CLAIMS			⊬ minus 3 =		• /			X42=		OR	X84≃	84.00
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	v
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	1184.6	
CLAIMS AS AMENDED - PART II											OTHER	-
		(Column 1)				(Column 3)	_	SMALL ENTITY			SMALL ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	• 40	Minus	** 4	<u>40 </u>			X\$ 9=		OR	X\$18=	
AME	Independent	<u>* 4</u>	Minus	***	4			X42=		OR	X84=	
L	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=	
								TOTAL			TOTAL	
	(Column 1) (Column 2) (Column							ADDIT. FEE	L	OR	ADDIT. FEE	
_		(Column 1) CLAIMS			mn 2) (EST	(Column 3)	1		1001			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** 4	HO	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	FCI AIM	<u> </u>	$\ \ $	X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	IJſ	X\$ 9= ·		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X42=			X84=	
٤	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM]	/\TE-		OR	704-	
+140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa ber Previously Pai					er four	nd in the app	ropriate box			